

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37572

1. Entity Name

BARTRAM CAMPUS/BOLLES, INC.

Principal Place of Business

Mailing Address

~~HARRY M DEMONTMOLLIN~~  
7400 SAN JOSE BLVD  
JACKSONVILLE FL 32217

~~HARRY M DEMONTMOLLIN~~  
7400 SAN JOSE BLVD  
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0624365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOPYRA, EDWARD  
7400 SAN JOSE BLVD  
JACKSONVILLE FL 32217

Name John E. Trainer, Jr., Ph.D.  
Street Address (P.O. Box Number is Not Acceptable)  
7400 San Jose Boulevard  
City Jacksonville FL 32217

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	CPT	<input checked="" type="checkbox"/> Delete
NAME	STOPYRA, EDWARD, J	
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORG, F. W	
STREET ADDRESS	7400 SAN JOSE BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTLEY, RUTH, M	
STREET ADDRESS	7400 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RICHARD T. ANDERSON	
STREET ADDRESS	2284 BARTRAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT President + Head of School	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John E. Trainer, Jr., Ph.D.	
STREET ADDRESS	7400 San Jose Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-15-2002 90018 022 \*\*\*\*61.25

73652



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)